

JUN 3 0 2003

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

1634

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

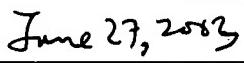
Mail Stop	Non-Fee Amendment	Application Number	09/993,353 /
		Filing Date	November 13, 2001
		First Named Inventor	Richard N. Ellison
		Art Unit	1634 /
		Examiner Name	Betty J. Forman
		Attorney Docket Number	7610-0002.20

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> No fee due <input checked="" type="checkbox"/> Fee Transmittal <input type="checkbox"/> Fee(s) due <input type="checkbox"/> Fee Transmittal <input type="checkbox"/> Check for \$* <input checked="" type="checkbox"/> Charge any underpayment or credit any overpayment to Deposit Account No. 18-0580 <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement & Form(s) PTO-1449 <input type="checkbox"/> Copy(ies) of cited reference(s) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts / Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s):	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <u>Return Post Card</u>
---	--	---

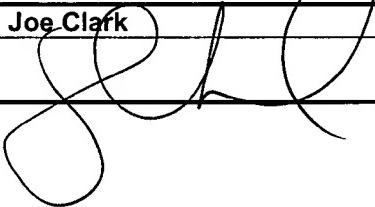
Remarks:

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Name (print/type)	Louis L. Wu	Registration No. (Attorney/Agent)	44,413	Telephone	(650) 330-0900
Signature			Date		

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on June 27, 2003.

Name (print/type)	Joe Clark		Date	
Signature				

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

JUN 3 0 2003

FEE TRANSMITTAL

for FY 2003

Effective 01/01/03. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT \$0.00

Complete if Known

Application Number	09/993,353
Filing Date	November 13, 2001
First Named Inventor	Richard N. Ellison
Examiner Name	Betty J. Forman
Group Art Unit	1634
Attorney Docket No.	7610-0002.20

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None
 Deposit Account:

Deposit Account No.	
Deposit Account Name	

The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below Charge any underpayment or credit any overpayments
- Charge any additional fee(s) during the pendency of this application
- Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	(\\$)	(\\$)
1001	2001	750	375
1002	2002	330	165
1003	2003	520	260
1004	2004	750	375
1005	2005	160	80

SUBTOTAL (1) \$

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	66	- 90** =	0	x	Fee from below	=	Fee Paid
Independent Claims	1	- 3** =	0	x		=	
Multiple Dependent				x		=	

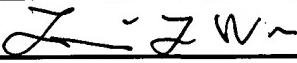
Large Entity	Small Entity	Fee Description
Fee Code	Fee Code	(\\$)
1202	2202	18
1201	2201	84
1203	2203	280
1204	2204	84
1205	2205	18

SUBTOTAL (2) \$0.00

**or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES		Fee Description		Fee Paid
Large Entity	Small Entity	Fee Code	Fee (\$)	
		1051	130	2051 65
		1052	50	2052 25
		1053	130	Surcharge - late filing fee or oath
		1812	2,520	Surcharge - late provisional filing fee or cover sheet
		1804	920*	Non-English specification
		1805	1,840*	For filing a request for ex parte reexamination
		1251	110	Requesting publication of SIR prior to Examiner action
		1252	410	Requesting publication of SIR after Examiner action
		1253	930	Extension for reply within first month
		1254	1,450	Extension for reply within second month
		1255	1,970	Extension for reply within third month
		1401	320	Extension for reply within fourth month
		1402	320	Extension for reply within fifth month
		1403	280	Notice of Appeal
		1451	1,510	Filing a brief in support of an appeal
		1452	110	Request for oral hearing
		1453	1,300	Petition to institute a public use proceeding
		1501	1,300	Petition to revive - unavoidable
		1502	470	Petition to revive - unintentional
		1503	630	Utility issue fee (or reissue)
		1460	130	Design issue fee
		1807	50	Plant issue fee
		1806	180	Petitions to the Commissioner
		8021	40	Processing fee under 37 CFR 1.17(q)
		1809	750	Submission of Information Disclosure Stmt
		1810	750	Recording each patent assignment per property (times number of properties)
		1801	750	Filing a submission after final rejection (37 CFR § 1.129(a))
		1802	900	For each additional invention to be examined (37 CFR § 1.129(b))
				Request for Continued Examination (RCE)
				Request for expedited examination of a design application
				Other fee (specify) _____
				SUBTOTAL (3) <input type="text"/> \$

*Reduced by Basic Filing Fee Paid

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Louis L. Wu	Registration No. (Attorney/Agent)	44,413	Telephone (650) 330-0900
Signature			Date	June 27, 2003